

TRAILER # 612459

## SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

N<sup>o</sup> 317086

## WASTE SHIPMENT RECORD

S.T.G. # \_\_\_\_\_

GENERATOR	1. Material Origin Site VERMONT STATE COMPLEX 103 SO MAIN ST. WATERBURY VT. 05633		Generator: Name/Address STATE OF VERMONT 2 GOVERNOR AIKEN AVE MONT PELIER VT.		Generator: Phone 802 928 5377	
	NCM Demolition and Remediation, LP 14 Jewel Drive Wilmington, MA 01877				Contractor: Phone 978-657-5445	
	3. Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US DOT Class - FRIABLE ASBESTOS ONLY  NA 2212, RQ ASBESTOS, 9, PG III			
	5. Description of Materials Specify Friable or Non-Friable		Containers No. Type		Total Quantity	
	IF <u>Friable</u> (enter required information)		22 BOXES			
	IF <u>Non-Friable</u> (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II		52 BAGS			
TRANSPORTER	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300					
	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.					
	Printed/Typed Name & Title JERRY WHITE SUPERVISOR Supervisor		Signature Tony Martin		Date 1-8-14	
	8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.					
TRANSPORTER	Company Name & Address		Signature: _____		Telephone No.	
			Printed Name: _____		Date: _____	
			Title: _____			
TRANSPORTER	Company Name & Address		Signature: _____		Telephone No.	
			Printed Name: _____		Date: _____	
			Title: _____			
DISPOSAL SITE	Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature: _____		Telephone No. 877-999-9559	
			Printed Name: _____		Date: _____	
			Title: _____			
11. Discrepancy Indication Space:						
12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)						
Waste Disposal Site (Check One) STG USE ONLY						
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277		Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984		Signature: _____		Date: _____
				Printed Name: _____		
				Title: _____		

## SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

Nº 422787

## WASTE SHIPMENT RECORD

S.T.G. # \_\_\_\_\_

GENERATOR	1. Material Origin Site WATERBURY STATE COMPLEX 103 SO. MAIN ST. WATERBURY, VT 05633		Generator: Name/Address STATE OF VERMONT 2 GOVERNOR AIKEN AVE MONTPELIER VT. 05633		Generator: Phone # 802 828 5377	
	2. Removal Contractor: Name/Address NCM Demolition & Remediation LP 14 Jewel Drive Wilmington, MA 01887-3361				Contractor: Phone # 978-657-5445	
	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912				4. US DOT Class - FRIABLE ASBESTOS ONLY  NA2212, Asbestos, 9, PG III, RQ	
	5. Description of Materials Specify Friable or Non-Friable		Containers No. 320 Type BAGS		Total Quantity	
	IF Friable (enter required information)		22		BOXES	
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II		93		BUNDLES	
	6. Special Handling Instructions					
7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.						
Printed/Typed Name & Title JERRY WHITE Supervisor		Signature <i>[Signature]</i>		Date 1-6-13		
TRANSPORTER	8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.					
	Company Name & Address		Signature: _____		Telephone No. _____	
			Printed Name: _____		Date: _____	
			Title: _____			
	9. Transporter 2 (Acknowledgement of Receipt of Materials)					
Company Name & Address		Signature: _____		Telephone No. _____		
		Printed Name: _____		Date: _____		
		Title: _____				
DISPOSAL SITE	10. Transporter 3 (Acknowledgement of Receipt of Materials)					
	Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature: _____		Telephone No. 877-999-9559	
			Printed Name: _____		Date: _____	
			Title: _____			
11. Discrepancy Indication Space:						
12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)						
Waste Disposal Site (Check One)		STG USE ONLY		Signature: _____		
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277		Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984		Printed Name: _____		
				Title: _____		
				Date: _____		



## SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

Nº 319212

## WASTE SHIPMENT RECORD

S.T.G. #

GENERATOR	1. Material Origin Site WATERBURY STATE COMPLEX 103 SO. MAIN ST. WATERBURY VT. 05633		Generator: Name/Address STATE OF VERMONT 2 GOVERNOR Aiken Ave MONTPELIER VT. 05633		Generator: Phone # 802-828 3533	
	NCM Demolition & Remediation, LP 14 Jewel Drive Wilmington, MA 01887				Contractor: Phone # 978-657-5445	
	Contact: Jim Harer					
	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US DOT Class - FRIABLE ASBESTOS ONLY NA 2212, RQ ASBESTOS, 9, PG III			
TRANSPORTER	5. Description of Materials Specify Friable or Non-Friable <input checked="" type="checkbox"/> Friable (enter required information) IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II		Containers No. 75 Type DRUMS BOXES		Total Quantity	
	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300					
	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.					
	Printed/Typed Name & Title JERRY WHITE Supervisor		Signature [Signature] Date 12-18-13			
DISPOSAL SITE	8. Transporter 1 (Acknowledgement of Receipt of Materials) <input checked="" type="checkbox"/> blank, see Transporter 2 or 3 below.					
	Company Name & Address		Signature: _____		Telephone No. _____	
			Printed Name: _____		Date: _____	
			Title: _____			
DISPOSAL SITE	9. Transporter 2 (Acknowledgement of Receipt of Materials)					
	Company Name & Address		Signature: _____		Telephone No. _____	
			Printed Name: _____		Date: _____	
			Title: _____			
DISPOSAL SITE	10. Transporter 3 (Acknowledgement of Receipt of Materials)					
	Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature: _____		Telephone No. 877-999-9559	
			Printed Name: _____		Date: _____	
			Title: _____			
11. Discrepancy Indication Space:						
12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)						
Waste Disposal Site (Check One)			STG USE ONLY		Signature: _____	
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277			Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984		Printed Name: _____	
					Title: _____	
					Date: _____	

# SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

Nº 319176

## WASTE SHIPMENT RECORD

S.T.G. # \_\_\_\_\_

GENERATOR	1. Material Origin Site <i>Waterbury Conn 103 S main St. Waterbury VT</i>		Generator: Name/Address <i>State of VT 103 S main St. Waterbury</i>		Generator: Phone # <i>802-713-8613</i>
	NCM Demolition & Remediation, LP 14 Jewel Drive Wilmington, MA 01887				Contractor: Phone # 978-657-5445
	Contact: Jim Harer				
	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US DOT Class - FRIABLE ASBESTOS ONLY  NA 2212, RQ ASBESTOS, 9, PG III		
	5. Description of Materials Specify <input checked="" type="checkbox"/> Friable or <input type="checkbox"/> Non-Friable <i>Plaster</i>		Containers No.	Type <i>Box</i>	Total Quantity <i>20</i>
	IF Friable (enter required information)				
TRANSPORTER	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II				
	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300				
	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.				
	Printed/Typed Name & Title <i>Ramon de Jesus</i> Supervisor		Signature <i>[Signature]</i>		Date <i>12/16/13</i>
	8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.				
	Company Name & Address		Signature: _____		Telephone No. _____
DISPOSAL SITE			Printed Name: _____		Date: _____
			Title: _____		
	9. Transporter 2 (Acknowledgement of Receipt of Materials)				
	Company Name & Address		Signature: _____		Telephone No. _____
			Printed Name: _____		Date: _____
			Title: _____		
10. Transporter 3 (Acknowledgement of Receipt of Materials)					
Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature: <i>[Signature]</i> Printed Name: <i>John Graham</i> Title: <i>Don</i>		Telephone No. 877-999-9559 Date: <i>12-17-13</i>	
11. Discrepancy Indication Space:					
12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)					
Waste Disposal Site (Check One)		STG USE ONLY		Date:	
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277	Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984	<input type="checkbox"/>			
		Signature: _____			
		Printed Name: _____			
		Title: _____			



# SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-

## WASTE SHIPMENT RECORD

S.T.G. #

<b>GENERATOR</b>	1. Material Origin Site		Generator: Name/Address		Generator: Phone
	NCM Demolition & Remediation, LP 14 Jewel Drive Wilmington, MA 01887		Contact: Jim Harer		Contractor: Phone 978-657-5445
	3. Responsible Agency: Name/Address		4. US DOT Class - FRIABLE ASBESTOS ONLY		
	U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		NA 2212, RQ ASBESTOS, 9, PG III		
	5. Description of Materials		Containers		Total Quantity
Specify Friable or Non-Friable		No.		Type	
IF Friable (enter: required information)					
IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II					
6. Special Handling Instructions					
24-hour emergency spill response no. 800-424-9300					
7. Generator Certification:					
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.					
Printed/Typed Name & Title		Signature		Date	
Supervisor					
<b>TRANSPORTER</b>	8. Transporter 1 (Acknowledgement of Receipt of Materials) <span style="float: right;">If blank, see Transporter 2 or 3 below.</span>				
	Company Name & Address		Signature: _____		Telephone No.
			Printed Name: _____		Date:
			Title: _____		
	9. Transporter 2 (Acknowledgement of Receipt of Materials)				
	Company Name & Address		Signature: _____		Telephone No.
Printed Name: _____			Date:		
Title: _____					
10. Transporter 3 (Acknowledgement of Receipt of Materials)					
Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature: _____		Telephone No.	
		Printed Name: _____		Date:	
		Title: _____			
<b>DISPOSAL SITE</b>	11. Discrepancy Indication Space:				
	12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)				
	Waste Disposal Site (Check One)		STG USE ONLY		Date
	Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277		Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984		
		Signature: _____			
		Printed Name: _____			
		Title: _____			

**SERVICE TRANSPORT GROUP, INC.**


58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

**Nº 422787**

**WASTE SHIPMENT RECORD**

S.T.G. # \_\_\_\_\_

<b>GENERATOR</b>	1. Material Origin Site <b>WATERBURY STATE COMPLEX</b> <b>103 SO. MAIN ST.</b> <b>WATERBURY, VT 05633</b>		Generator: Name/Address <b>STATE OF VERMONT</b> <b>2 GOVERNOR AIKEN AVE</b> <b>MONTPELIER VT. 05633</b>		Generator: Phone # <b>802</b> <b>828</b> <b>5377</b>
	2. Removal Contractor: Name/Address <b>NCM Demolition &amp; Remediation LP</b> <b>14 Jewel Drive</b> <b>Wilmington, MA 01887-3361</b>				Contractor: Phone # <b>978-657-5445</b>
	3. Responsible Agency: Name/Address <b>U.S. EPA Region I</b> <b>5 Post Office Square, Ste. 100</b> <b>Boston, MA 02109-3912</b>		4. US DOT Class - FRIABLE ASBESTOS ONLY  <b>NA2212, Asbestos, 9, PG III, RQ</b>		
	5. Description of Materials Specify Friable or Non-Friable		Containers No. <b>320</b>		Total Quantity
	IF Friable (enter required information)		Type <b>ISAGS</b> <b>BOXES</b>		
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II		<b>93</b>		<b>BUNDLES</b>
	6. Special Handling Instructions				
7. Generator Certification: <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.</small>					
Printed/Typed Name & Title <b>JERRY WHITE</b> <b>Supervisor</b>		Signature 		Date <b>1/6/14</b> <b>1-6-13</b>	
<b>TRANSPORTER</b>	8. Transporter 1 (Acknowledgement of Receipt of Materials) <span style="float:right">If blank, see Transporter 2 or 3 below.</span>				
	Company Name & Address		Signature: _____		Telephone No.
			Printed Name: _____		Date:
			Title: _____		
	9. Transporter 2 (Acknowledgement of Receipt of Materials)				
	Company Name & Address		Signature: _____		Telephone No.
		Printed Name: _____		Date:	
		Title: _____			
<b>DISPOSAL SITE</b>	10. Transporter 3 (Acknowledgement of Receipt of Materials)				
	Company Name & Address <b>Service Transport Group, Inc.</b> <b>58 Pyles Lane</b> <b>New Castle, DE 19720</b>		Signature: _____		Telephone No. <b>877-999-9559</b>
			Printed Name: _____		Date:
			Title: _____		
11. Discrepancy Indication Space:					
12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)					
Waste Disposal Site (Check One)			STG USE ONLY		
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. <u>100277</u>		Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. <u>P0104984</u>		Signature: _____	
				Printed Name: _____	
				Title: _____	
				Date: _____	



## SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-95

Nº 422782

## WASTE SHIPMENT RECORD

S.T.G. # \_\_\_\_\_

GENERATOR	1. Material Origin Site WATERBURY STATE HOSPITAL 103 S. MAIN WATERBURY WATERBURY, VT. 05633		Generator: Name/Address STATE OF VERMONT 2 AND GOVERNOR AMEN AVE MONTPELIER VT. 05633		Generator: Phone 802 832 5377	
	2. Removal Contractor: Name/Address NCM Demolition & Remediation LP 14 Jewel Drive Wilmington, MA 01887-3361 Contact:: Jim Harer				Contractor: Phone 978-657-5445	
	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US DOT Class - FRIABLE ASBESTOS ONLY NA2212, Asbestos, 9, PG III, RQ			
	5. Description of Materials Specify Friable or Non-Friable <input checked="" type="checkbox"/> IF Friable (enter required information) <input type="checkbox"/> IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II		Containers No. 50 16 160		Type DRUMS BOXES BUNDLES	
					Total Quantity	
	6. Special Handling Instructions					
	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator expense.					
TRANSPORTER	Printed/Typed Name & Title CORY DAVIS CEG JERRY WHITE SUPV Supervisor		Signature Cory Davis Jerry White		Date 1-6-14 1-6-13	
	8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.					
	Company Name & Address		Signature: _____		Telephone No. _____	
			Printed Name: _____		Date: _____	
			Title: _____			
TRANSPORTER	9. Transporter 2 (Acknowledgement of Receipt of Materials)					
	Company Name & Address		Signature: _____		Telephone No. _____	
			Printed Name: _____		Date: _____	
DISPOSAL SITE	10. Transporter 3 (Acknowledgement of Receipt of Materials)					
	Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature: _____		Telephone No. 877-999-9559	
			Printed Name: _____		Date: _____	
			Title: _____			
DISPOSAL SITE	11. Discrepancy Indication Space:					
	12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)					
	Waste Disposal Site (Check One)		STG USE ONLY		Signature: _____	
	Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277		Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984		Printed Name: _____	
				Title: _____		
				Date: _____		

# SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

Nº 422781

## WASTE SHIPMENT RECORD

S.T.G. #

GENERATOR	1. Material Origin Site <i>State of Vermont Hosp. # 1 103 S. MAIN ST Waterbury</i>		Generator: Name/Address <i>Mike Stevens vt. 103 S. MAIN ST Waterbury vt</i>		Generator: Phone # <i>802-316 6702</i>		
	2. Removal Contractor: Name/Address NCM Demolition & Remediation LP 14 Jewel Drive Wilmington, MA 01887-3361				Contractor: Phone # 978-657-5445		
	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912				4. US DOT Class - FRIABLE ASBESTOS ONLY  NA2212, Asbestos, 9, PG III, RQ		
	5. Description of Materials Specify Friable or Non-Friable		Containers No.		Type		
	IF Friable (enter required information) <input checked="" type="checkbox"/>		<i>30 Gaylord Boxes</i>		<i>31 cypd</i>		
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II						
	6. Special Handling Instructions						
7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.							
Printed/Typed Name & Title <i>Mike White</i> Supervisor			Signature <i>[Signature]</i>		Date <i>1/4/13</i> <i>1/4/14</i>		
TRANSPORTER	8. Transporter 1 (Acknowledgement of Receipt of Materials) <i>If blank, see Transporter 2 or 3 below.</i>						
	Company Name & Address <i>INTRUCKING</i> <i>254-371-3330</i>			Signature: _____		Telephone No. _____	
				Printed Name: _____		Date: _____	
				Title: _____			
	9. Transporter 2 (Acknowledgement of Receipt of Materials)						
Company Name & Address			Signature: _____		Telephone No. _____		
			Printed Name: _____		Date: _____		
			Title: _____				
DISPOSAL SITE	10. Transporter 3 (Acknowledgement of Receipt of Materials)						
	Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720			Signature: _____		Telephone No. 877-999-9559	
				Printed Name: _____		Date: _____	
				Title: _____			
	11. Discrepancy Indication Space:						
12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)							
Waste Disposal Site (Check One)		STG USE ONLY		Signature: _____		Date: _____	
<input type="checkbox"/> Sanitary Landfill 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277		<input type="checkbox"/> Minerva Landfill 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984		<input type="checkbox"/>		Printed Name: _____	
				Title: _____			



# 24368

53-13100-A-A0

Bldg 11213

52

## SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

Nº 319174

## WASTE SHIPMENT RECORD

S.T.G. #

GENERATOR	1. Material Origin Site waterbury site complex 103 S. Main St Waterbury VT 05436		Generator: Name/Address State of Vermont 2 GOVERNOR Aiken Ave. Monpellier VT 05633		Generator: Phone # 802-828 5377	
	NCM Demolition & Remediation, LP 14 Jewel Drive Wilmington, MA 01887				Contractor: Phone # 978-657-5445	
	Contact:: Jim Harer					
	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US DOT Class - FRIABLE ASBESTOS ONLY  NA 2212, RQ ASBESTOS, 9, PG III			
TRANSPORTER	5. Description of Materials Specify Friable or Non-Friable		Containers No.		Type	
	IF Friable (enter required information)		36		BOXES	
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II					
	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300					
DISPOSAL SITE	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.					
	Printed/Typed Name & Title LAWrence CEC Ramon Reyes Supervisor		Signature LAWrence CEC LAWrence Reyes		Date 01/02/14	
	8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.					
	Company Name & Address		Signature:		Telephone No.	
		Printed Name:		Date:		
		Title:				
9. Transporter 2 (Acknowledgement of Receipt of Materials)						
Company Name & Address		Signature:		Telephone No.		
		Printed Name:		Date:		
		Title:				
10. Transporter 3 (Acknowledgement of Receipt of Materials)						
Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature:		Telephone No. 877-999-9559		
		Printed Name:		Date:		
		Title:				
11. Discrepancy Indication Space:						
12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)						
Waste Disposal Site (Check One)		STG USE ONLY		Signature:		
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277		Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984		Printed Name:		
				Title:		
				Date:		

7141 QT4023

# SERVICE TRANSPORT GROUP, INC.

17

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

Nº 317083

## WASTE SHIPMENT RECORD

S.T.G. # \_\_\_\_\_

GENERATOR	1. Material Origin Site WATERBURY STATE HOSPITAL 103 SO MAIN ST. WATERBURY VT 05633		Generator: Name/Address STATE OF VERMONT 2 CORNER AILEEN AVE MONTPELIER VT 05633		Generator: Phone # 802 878 3533	
	2. NCM Demolition and Remediation, LP 14 Jewel Drive Wilmington, MA 01877		Contact: Jim Harer		Contractor: Phone # 978-657-5445	
	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US DOT Class - FRIABLE ASBESTOS ONLY  NA 2212, RQ ASBESTOS, 9, PG III			
	5. Description of Materials Specify Friable or Non-Friable		Containers No. 1200 Type BAGS 230 BUNDLES		Total Quantity	
	IF Friable (enter required information)					
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II					
	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300					
7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.						
Printed/Typed Name & Title JERRY WHITE Supervisor		Signature [Signature] Date 1-2-14		Date 1-2-14		
TRANSPORTER	8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.					
	Company Name & Address		Signature: _____		Telephone No.	
			Printed Name: _____		Date: _____	
			Title: _____			
TRANSPORTER	9. Transporter 2 (Acknowledgement of Receipt of Materials)					
	Company Name & Address		Signature: _____		Telephone No.	
			Printed Name: _____		Date: _____	
			Title: _____			
DISPOSAL SITE	10. Transporter 3 (Acknowledgement of Receipt of Materials)					
	Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature: _____		Telephone No. 877-999-9559	
			Printed Name: _____		Date: _____	
			Title: _____			
11. Discrepancy Indication Space:						
12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)						
Waste Disposal Site (Check One)			STG USE ONLY		Signature: _____	
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277			Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984		Printed Name: _____	
					Title: _____	
					Date: _____	



29561

# SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-955

Nº 319213

## WASTE SHIPMENT RECORD

S.T.G. # \_\_\_\_\_

GENERATOR	1. Material Origin Site 103 So Main St. Waterbury, VT 05633		Generator: Name/Address State of Vermont 2 Governor Hiker Ave. Montpelier, VT 05633		Generator: Phone 802-828-3533	
	NCM Demolition & Remediation, LP 14 Jewel Drive Wilmington, MA 01887					Contractor: Phone 978-657-5445
	Contact: Jim Harer					
	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US DOT Class - FRIABLE ASBESTOS ONLY  NA 2212, RQ ASBESTOS, 9, PG III			
GENERATOR	5. Description of Materials Specify Friable or Non-Friable		Containers No.		Type	
	IF Friable (enter required information)		524		BUNDLES	
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II		923		BAGS	
	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300					
TRANSPORTER	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.					
	Printed/Typed Name & Title Samuel Chy Supervisor		Signature Samuel Chy		Date 12/30/13	
	8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.					
	Company Name & Address NCM Demolition & Remediation LP 14 Jewel Drive Wilmington, MA 01887		Signature:		Telephone No. 978-657-5411	
TRANSPORTER			Printed Name:		Date:	
			Title:		11-4	
	9. Transporter 2 (Acknowledgement of Receipt of Materials)					
	Company Name & Address		Signature:		Telephone No.	
DISPOSAL SITE			Printed Name:		Date:	
			Title:			
	10. Transporter 3 (Acknowledgement of Receipt of Materials)					
	Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature:		Telephone No. 877-999-9559	
DISPOSAL SITE			Printed Name:		Date:	
			Title:			
	11. Discrepancy Indication Space:					
	12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)					
Waste Disposal Site (Check One)		STG USE ONLY		Signature:		
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277		Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984		Printed Name:		
				Title:		
				Date:		

# 221461

## SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

N<sup>o</sup> 319181

## WASTE SHIPMENT RECORD

S.T.G. # \_\_\_\_\_

GENERATOR	1. Material Origin Site <i>WATERBURY STATE HOSPITAL 103 S. MAIN ST. WATERBURY, VT 05639</i>		Generator: Name/Address <i>STATE OF VERMONT 2 GOVERNOR AIKEN AVE MONTPELLIER, VT 05633</i>		Generator: Phone # <i>802-828-3533</i>
	NCM Demolition & Remediation, LP 14 Jewel Drive Wilmington, MA 01887				Contractor: Phone # 978-657-5445
	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US DOT Class - FRIABLE ASBESTOS ONLY  NA 2212, RQ ASBESTOS, 9, PG III		
	5. Description of Materials Specify <u>Friable</u> or Non-Friable		Containers No.	Type	Total Quantity
	IF Friable (enter required information)		<i>30</i>	<i>BOXES</i>	
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II				
TRANSPORTER	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300				
	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.				
	Printed/Typed Name & Title <i>Samuel Chy</i> Supervisor		Signature <i>Samuel Chy</i>		Date <i>12/30/13</i> <i>12/27/13</i>
	8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.				
TRANSPORTER	Company Name & Address		Signature: _____		Telephone No.
			Printed Name: _____		Date:
			Title: _____		
TRANSPORTER	9. Transporter 2 (Acknowledgement of Receipt of Materials)		Signature: _____		Telephone No.
	Company Name & Address		Printed Name: _____		Date:
			Title: _____		
TRANSPORTER	10. Transporter 3 (Acknowledgement of Receipt of Materials)		Signature: _____		Telephone No.
	Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Printed Name: _____		Date:
			Title: _____		
DISPOSAL SITE	11. Discrepancy Indication Space:				
	12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)				
	Waste Disposal Site (Check One)		STG USE ONLY		Date:
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277		Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984		Signature: _____ Printed Name: _____ Title: _____	



# SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-955

Nº 319183

## WASTE SHIPMENT RECORD

S.T.G. # \_\_\_\_\_

<b>GENERATOR</b>	1. Material Origin Site <i>WATERBURY STATE HOSPITAL 103 S. MAIN ST. WATERBURY, VT 05639</i>		Generator: Name/Address <i>STATE OF VERMONT 2 GOVERNOR AIXEN AVE</i>		Generator: Phone # <i>802-825-3533</i>
	NCM Demolition & Remediation, LP 14 Jewel Drive Wilmington, MA 01887				Contractor: Phone # 978-657-5445
	Contact: Jim Harer				
	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US DOT Class - FRIABLE ASBESTOS ONLY  NA 2212, RQ ASBESTOS, 9, PG III		
<b>TRANSPORTER</b>	5. Description of Materials Specify Friable or Non-Friable		Containers No.	Type	Total Quantity
	IF Friable (enter required information)		<i>43</i>	<i>BOXES</i>	
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II				
	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300				
<b>DISPOSAL SITE</b>	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.				
	Printed/Typed Name & Title <i>SAMUEL CHAY</i> Supervisor		Signature <i>Samuel Chay</i>		Date <i>12/26/13</i>
	8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.				
	Company Name & Address		Signature: _____		Telephone No.
			Printed Name: _____		Date:
			Title: _____		
9. Transporter 2 (Acknowledgement of Receipt of Materials)					
Company Name & Address		Signature: _____		Telephone No.	
		Printed Name: _____		Date:	
		Title: _____			
10. Transporter 3 (Acknowledgement of Receipt of Materials)					
Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature: _____		Telephone No. 877-999-9559	
		Printed Name: _____		Date:	
		Title: _____			
11. Discrepancy Indication Space:					
12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)					
Waste Disposal Site (Check One)		STG USE ONLY		Date:	
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277	Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984	<input type="checkbox"/>			
		Signature: _____			
		Printed Name: _____			
		Title: _____			

# 273320

53-13100 A-AO

12/13  
2nd Floor

## SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-955

Nº 317163

## WASTE SHIPMENT RECORD

S.T.G. # \_\_\_\_\_

GENERATOR	1. Material Origin Site 103 S Main St Waterbury, VT 05633		Generator: Name/Address State of Vermont 2 GOVERNOR RAKER AVE MONTPELIER VT 05633		Generator: Phone # 802-828 3533	
	2 NCM Demolition and Remediation, LP 14 Jewel Drive Wilmington, MA 01877		Contact: Jim Harer		Contractor: Phone # 978-657-5445	
	3. U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US DOT Class - FRIABLE ASBESTOS ONLY  NA 2212, RQ ASBESTOS, 9, PG III			
	5. Description of Materials Specify Friable or Non-Friable		Containers No. 293320		Type Box	
	IF Friable (enter required information)				Total Quantity 26	
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II					
TRANSPORTER	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300					
	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.					
	Printed/Typed Name & Title Cory Davis CEG Ramon De Jesus Supervisor		Signature [Signature]		Date 12/23/13	
	8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.					
TRANSPORTER	Company Name & Address		Signature: _____		Telephone No. _____	
			Printed Name: _____		Date: _____	
			Title: _____			
TRANSPORTER	9. Transporter 2 (Acknowledgement of Receipt of Materials)		Signature: _____		Telephone No. _____	
	Company Name & Address		Printed Name: _____		Date: _____	
			Title: _____			
TRANSPORTER	10. Transporter 3 (Acknowledgement of Receipt of Materials)		Signature: _____		Telephone No. _____	
	Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Printed Name: _____		Date: _____	
			Title: _____			
DISPOSAL SITE	11. Discrepancy Indication Space:					
	12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)					
	Waste Disposal Site (Check One)		STG USE ONLY		Signature: _____	
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277		Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984		Printed Name: _____		
				Title: _____		
				Date: _____		



TRAILER #  
4829

53-13104-A-AO 2 53-13099-A-AO  
**SERVICE TRANSPORT GROUP, INC.**

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

**Nº 317160**

**WASTE SHIPMENT RECORD**

S.T.G. # \_\_\_\_\_

<b>GENERATOR</b>	1. Material Origin Site WATERBURY STATE HOSPITAL 103 S. MAIN ST. WATERBURY VT. 05633		Generator: Name/Address STATE OF VERMONT 2 GOVERNOR Aiken AVE. MONTPELIER VT. 05633		Generator: Phone 802-828 3537	
	2. NCM Demolition and Remediation, LP 14 Jewel Drive Wilmington, MA 01877  Contact:: Jim Harer					Contractor: Phone 978-657-5445
	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US DOT Class - FRIABLE ASBESTOS ONLY  NA 2212, RQ ASBESTOS, 9, PG III			
	5. Description of Materials Specify Friable or Non-Friable		Containers No. Type 180 DRUMS 37 BUNDLES 4 BOXES		Total Quantity	
	IF Friable (enter required information)					
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II					
<b>TRANSPORTER</b>	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300					
	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.					
	Printed/Typed Name & Title CORY DAVIS (46) JERRY WHITE Supervisor		Signature [Signature] [Signature]		Date 12-23-13	
	8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.					
<b>DISPOSAL SITE</b>	Company Name & Address		Signature: _____		Telephone No. _____	
			Printed Name: _____		Date: _____	
			Title: _____			
<b>DISPOSAL SITE</b>	Company Name & Address		Signature: _____		Telephone No. _____	
			Printed Name: _____		Date: _____	
			Title: _____			
<b>DISPOSAL SITE</b>	Company Name & Address		Signature: _____		Telephone No. _____	
	Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Printed Name: _____		Date: _____	
			Title: _____			
11. Discrepancy Indication Space:						
12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)						
Waste Disposal Site (Check One)			STG USE ONLY		Signature: _____	
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277			Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984		Printed Name: _____	
					Title: _____	
Date: _____						

53-104-17-140 & 53-13099-11-140  
24368  
**SERVICE TRANSPORT GROUP, INC.**

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-955

**Nº 319210**

**WASTE SHIPMENT RECORD**

S.T.G. # \_\_\_\_\_

<b>GENERATOR</b>	1. Material Origin Site WATERBURY STATE 10-3 90. MINNA ST WATERBURY CT, 07643		Generator: Name/Address STATE OF VERMONT 2 GOVERNOR AVENUE MONT PELLIEN VT. 05604		Generator: Phone # 802 870 3044
	NCM Demolition & Remediation, LP 14 Jewel Drive Wilmington, MA 01887				Contractor: Phone # 978-657-5445
	Contact: Jim Harer				
	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US DOT Class - FRIABLE ASBESTOS ONLY  NA 2212, RQ ASBESTOS, 9, PG III		
<b>TRANSPORTER</b>	5. Description of Materials Specify Friable or Non-Friable		Containers No. 82	Type PCVMS BOXES	Total Quantity
	IF Friable (enter required information)		12	BOXES	
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II		33	TRUCKS	
	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300				
<b>DISPOSAL SITE</b>	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.				
	Printed/Typed Name & Title JERRY WHITE Supervisor		Signature [Signature]		Date 12-23-03
	8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.				
	Company Name & Address		Signature: _____		Telephone No. _____
		Printed Name: _____		Date: _____	
		Title: _____			
9. Transporter 2 (Acknowledgement of Receipt of Materials)					
Company Name & Address		Signature: _____		Telephone No. _____	
		Printed Name: _____		Date: _____	
		Title: _____			
10. Transporter 3 (Acknowledgement of Receipt of Materials)					
Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature: _____		Telephone No. 877-999-9559	
		Printed Name: _____		Date: _____	
		Title: _____			
11. Discrepancy Indication Space:					
12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)					
Waste Disposal Site (Check One)		STG USE ONLY		Date: _____	
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277	Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984	<input type="checkbox"/>			
		Signature: _____			
		Printed Name: _____			
		Title: _____			



53-11104-A-A0

B-006 4,5,6,7

732429

TRAILER #

## SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9555

Nº 317162

## WASTE SHIPMENT RECORD

S.T.G. #

GENERATOR	1. Material Origin Site WATERBURY STATE COMPLEX 103 SO. MAIN ST WATERBURY VT. 05633		Generator: Name/Address STATE OF VERMONT 2 GOVERNOR AIKEN AVE		Generator: Phone
	2. NCM Demolition and Remediation, LP 14 Jewel Drive Wilmington, MA 01877		Contact: Jim Harer		Contractor: Phone 978-657-5445
	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US DOT Class - FRIABLE ASBESTOS ONLY  NA 2212, RQ ASBESTOS, 9, PG III		
	5. Description of Materials Specify Friable or Non-Friable		Containers No.	Type	Total Quantity
	IF Friable (enter required information)				
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II				
	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300				
7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.					
Printed/Typed Name & Title Supervisor		Signature		Date	
TRANSPORTER	8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.				
	Company Name & Address		Signature:		Telephone No.
			Printed Name:		Date:
			Title:		
	9. Transporter 2 (Acknowledgement of Receipt of Materials)				
	Company Name & Address		Signature:		Telephone No.
		Printed Name:		Date:	
		Title:			
DISPOSAL SITE	10. Transporter 3 (Acknowledgement of Receipt of Materials)				
	Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature:		Telephone No.
			Printed Name:		Date:
			Title:		
	11. Discrepancy Indication Space:				
12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)					
Waste Disposal Site (Check One)		STG USE ONLY		Signature:	
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277		Minerva Landfill <input checked="" type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984		Printed Name:	
				Title:	
				Date:	



53-13100-A-A0

1506 1,2,3

382536 7/11/13

## SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

Nº 319211

## WASTE SHIPMENT RECORD

S.T.G. # \_\_\_\_\_

GENERATOR	1. Material Origin Site WATERBURY STATE COMPLEX 103 SO. MAIN ST. WATERBURY VT 05633		Generator: Name/Address STATE OF VERMONT 2 GOVERNER AIKEN AVE MONTPELIER VT 05633		Generator: Phone # 802 028 3533	
	NCM Demolition & Remediation, LP 14 Jewel Drive Wilmington, MA 01887		Contact: Jim Harer		Contractor: Phone # 978-657-5445	
	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US DOT Class - FRIABLE ASBESTOS ONLY  NA 2212, RQ ASBESTOS, 9, PG III			
	5. Description of Materials Specify Friable or Non-Friable  IF Friable (enter required information)  IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II		Containers No.		Type Total Quantity	
TRANSPORTER			26		BOXES	
	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300					
	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.					
	Printed/Typed Name & Title Kamon Dejeu Supervisor		Signature 		Date 12-19-13	
DISPOSAL SITE	8. Transporter 1 (Acknowledgement of Receipt of Materials) In blank, see Transporter 2 or 3 below.					
	Company Name & Address		Signature:		Telephone No.	
			Printed Name:		Date:	
			Title:			
DISPOSAL SITE	9. Transporter 2 (Acknowledgement of Receipt of Materials)					
	Company Name & Address		Signature:		Telephone No.	
			Printed Name:		Date:	
			Title:			
DISPOSAL SITE	10. Transporter 3 (Acknowledgement of Receipt of Materials)					
	Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature:		Telephone No. 877-999-9559	
			Printed Name:		Date:	
			Title:			
11. Discrepancy Indication Space:						
12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)						
Waste Disposal Site (Check One)			STG USE ONLY		Signature:	
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. 100277			Minerva Landfill <input checked="" type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. P0104984		Printed Name:	
					Title:	
					Date:	